



BOROUGH OF HARWICH.

1920.

ANNUAL REPORT

ON THE

Health of Harwich,

AND

Medical Inspection of School Children,
HARWICH,

BY

G. FORD PORTER, M.D., F.R.C.S.Edin.,

*Medical Officer of Health,
School Medical Officer,
Port Medical Officer.*

Colchester :

Benham and Company Limited, 24, High Street.

TO THE MAYOR, ALDERMEN AND BURGESSES OF
THE BOROUGH OF HARWICH.

GENTLEMEN,

I have the honour to submit my Annual Report on the Health, Sanitary Condition, Sanitary Administration, and Vital Statistics of the Borough of Harwich for the year ending December 31st, 1920.

The Ministry of Health, by their Memorandum 40, lay down the lines on which this Report is to be prepared, and I propose, therefore, to refer in this Report to the various health services for which the Council are responsible under the Public Health Acts, the Maternity and Child Welfare Act and other Statistics and Regulations through which the prevention of disease, the diminution of sickness and the general physical welfare of the people are intended to be promoted.

The most important event of the year, from the Public Health point of view, was the occurrence in December of a case of small-pox in the Borough. Owing to the prompt removal of the patient, the thorough disinfection of his house and bedding, and the early vaccination of contacts, a widespread epidemic of small-pox was prevented.

I am pleased to report that very satisfactory progress has been made in the construction of Municipal Cottages. Contracts have been let for 46 houses and already four are in occupation. By the end of the present year all Cottages should be complete and ready for occupation.

During the year a Child Welfare Centre has been opened, the present temporary quarters of the School Clinic being used for the purpose. These quarters are quite inadequate for the efficient carrying out of the work of the Centre. It is hoped that during the year other premises may be found more suitable.

I am given to understand that a Cottage Hospital is to be opened in the Borough in the near future. A Cottage Hospital has been needed for a long time and should prove of great use and benefit to the local community.

It is gratifying to be able to report that the health of the District—as reflected in its low death rate—35% being over 65 years of age, still compares very favourably with most places in England.

The Annual Report of the School Medical Officer is given at the end of this Report.

I am, Gentlemen,

Your obedient servant,

G. FORD PORTER.

Natural and Social Conditions of the District.

The population at the 1911 Census was 13,622, and I estimate that at the middle of 1920 it was 13,000.

The Borough of Harwich is situate on the East Coast about 71 miles from London, and stands on a narrow peninsula. The chief occupation of the inhabitants is in connection with the Great Eastern Railway Company, who run a fleet of steamers, both cargo and passenger, to the Continent. Others are engaged in fishing. There are no large factories in the Borough.

Vital Statistics of the District.

The number of births registered was as under :—

			Males.		Females.		Total.
Legitimate	..	..	185	..	187	..	372
Illegitimate	..	..	6	..	5	..	11
			—		—		—
Totals	..	..	191		192		383
			—		—		—

The number of civilian deaths registered was .. 113

The number of inward transfers was .. 25

„ „ „ outward „ „ .. 2

The nett number of deaths to be taken into consideration in the calculation of the death rate is 136.

The Registrar General estimates the population of the Borough for the year 1920 :—

Birth rate at 12,312

Death rate at 11,708

Calculating the Birth and Death rates on the Registrar-General's figures, they are as follows :—

Birth rate 31.1 per 1,000

Death rate 11.6 per 1,000

The Birth and Death rates for the past 10 years are given :—

	Birth rate.	Death rate.
1911	24.9	11.9
1912	31.5	11.9
1913	25.1	10.1
1914	23.1	10.2
1915	23.4	12.3
1916	28.7	13.3
1917	24.7	11.2
1918	25.7	16.5
1919	23.0	11.9
1920	31.1	11.6

The following table is given to show how the Birth and Death rates for Harwich compare with England and Wales and the Great and Small towns for the year 1920 :—

	Birth rate per 1,000 Total population.	Annual Death Rate. All causes per 1,000 (Civilian population).	Rate per 1,000 Births.	
			Diarrhoea (under 2 years).	Total Deaths under 1 year.
England and Wales ..	25.4	12.4	8.3	86
96 Great Towns exceed- ing 50,000 population	26.2	12.5	10.4	85
148 Small Towns, popula- tions 20,000—50,000..	24.9	11.3	7.8	80
London	26.5	12.4	9.5	75
HARWICH	31.1	11.6	2.6	81

Infant Mortality.

The number of infants who died under one year of age during the year 1920 was 31.

This gives a rate of 81 per 1,000 births registered. The rate per 1,000 for each of the previous 10 years is :—

1910 ..	80	1915 ..	108
1911 ..	109	1916 ..	68
1912 ..	74	1917 ..	62
1913 ..	81	1918 ..	75
1914 ..	130	1919 ..	82

The average for the 10 years being 86, while for the five years ending 31st December, 1920, it was 74.

I think this rather points to the fact that since the Town Council took up Maternity and Child Welfare work in 1915, much good has been done towards the preservation of infant life. Maternity and Child Welfare is dealt with later on in the Report under a separate heading.

Zymotic Mortality.

There were 10 deaths from the principal Zymotic diseases :—

Small-pox ..	..	..	..	Nil
Measles ..	..	..	..	Nil
Scarlet Fever ..	..	..	..	Nil
Whooping Cough ..	..	..	..	4
Diphtheria and Croup ..	..	..	..	5
Enteric Fever ..	..	..	..	Nil
Diarrhoea ..	..	..	..	1
Cerebro Spinal Meningitis ..	..	..	..	Nil

10

The Zymotic Death rate was 77.

Causes of Death, 1920.

	Males.	Females.
Whooping Cough.. ..	2	2
Diphtheria and Croup	4	1
Influenza	1	1
Pulmonary Tuberculosis	4	2
Other Tuberculosis Diseases	3	0
Cancer, malignant disease.. ..	6	3
Rheumatic Fever	1	0
Organic Heart Disease	8	8
Bronchitis	6	4
Pneumonia (all forms)	3	6
Other respiratory disease	1	0
Diarrhoea (under two years)	0	1
Appendicitis	2	1
Nephritis and Brights Disease	1	0
Parturition, apart from Puerperal fever	0	1
Congenital Debility	8	9
Puerperal Fever	0	1
Suicide	2	1
Other Defined Diseases	16	27
	<hr/>	<hr/>
Totals	68	68
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Ages at Death, 1920.

Under 1 year	31
1 and under 2 years	1
2 " " 5 "	5
5 " " 15 "	7
15 " " 25 "	5
25 " " 45 "	18
45 " " 65 "	21
65 and upwards	48
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Total for all ages as given by Registrar	136
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Poor Law Relief.

The following particulars were obtained from Mr. T. W. Airey, the Relieving Officer, as to the extent of Poor Law Out Relief for the Borough:—

Half-year ending 31st March, 1920 ..	£306 3 0
" " " 30th Sept., 1920 ..	£345 15 0

Sanitary Circumstances of the District.

WATER.—The Town is supplied by the Tendring Hundred Water Company, whose mains also serve parts of the Tendring Rural District, Frinton and Walton-on-the-Naze.

DRAINAGE.—The whole of the Borough, except a few low-lying and sparsely populated parts, is sewered. The extension of certain of the sewers at Dovercourt was commenced during the year. The sewage from Lower Dovercourt and Harwich is discharged into the sea, while at Upper Dovercourt a separate system with septic tanks is in operation.

CLOSET ACCOMMODATION.—Most of the closets in the Borough are the usual wash-down basins and are flushed by cisterns. There are still a number of closets which are hand flushed, but as nuisances arise the owner will be called upon to provide and fix adequate flushing apparatus. The pail closets and privies are all situate in Dovercourt and are chiefly at Upper Dovercourt, a rural part of the town. The approximate number is as under :—

Water Closets ..	3,800
Pail „ ..	40
Privies ..	15

SCAVENGING.—The House Refuse is collected by the Corporation by direct labour and is dumped on low-lying land near the old Cement Works. It is collected daily in some parts, in all other parts bi-weekly.

During the year the Town Council decided to purchase a 2½-ton Electric Vehicle to replace horses and carts, and this was sanctioned by the Ministry of Health, and the Vehicle will commence operations early in the new year.

The emptying of cess-pools, privies and pail closets is done by the occupiers or owners, except in special cases where it has been found difficult to obtain the labour. In these cases the work has been done by the Town Council at the owner's expense.

Sanitary Inspection of District.

The Inspector of Nuisances reports that during the year 177 inspections were made to premises for the purpose of detection of or abatement of nuisances. This figure does not include inspections made under the Housing Regulations, nor in connection with premises where Meats and other Foods are exposed for sale or in preparation for sale. These particulars are given under other headings.

The number of informal notices served was 24, and the number of statutory notices nil. The Inspector finds that he can usually get nuisances abated without recourse to the service of statutory notices.

During the year 59 complaints were received and investigated, and steps taken to secure the abatement of nuisances where found to exist. None of these were of such a serious nature to call for comment in this Report.

Schools.

The Public Elementary Schools are frequently inspected by myself and the Inspector of Nuisances. An annual inspection is also made by the Building and Sites Committee of the Education Committee just before the summer vacation. On the occasion of this visit works of cleansing the walls and ceilings, the repair of the buildings, the maintenance and improvement of the playgrounds and the general sanitary conditions of the schools engage the attention of the Committee, and instructions are issued for any necessary works to be executed during the summer holidays.

All sanitary conveniences are hot-limewashed once a year.

All the public elementary schools, and also the secondary and private schools, are provided with an adequate supply of water from the public mains, and the sanitary conveniences are on the water carriage system.

On the receipt of a notification of infectious disease, careful enquiry is made at the residence of the patient as to the school which the patient or contacts attend, and a notification is sent to the head teacher, excluding the contact until further notice from me.

Food.

MILK SUPPLY.—There are four registered and two unregistered cowkeepers in the Borough, the latter being very small people. Two of the three keepers have fairly modern premises and they are fairly well maintained. One cowshed, which had not been used for some years, was repaired and again registered.

In every case the cows are habitually turned out during a part of each day.

The greater part of the Milk is imported—chiefly from the Tendring Rural District.

No action has been taken by the Council as to tuberculous Milk. In 1912 the Council appointed a Veterinary Surgeon to examine all cows at cowsheds in the Borough at least once a quarter, and to report their condition. This was continued about two years when it was found that the percentage of Milk produced locally was so small the Council considered the result did not warrant the expense, and discontinued the arrangement.

Milk (Mothers and Children's) Order, 1918.

It was found necessary in 25 cases only to provide Milk under this Order, and the expense incurred in doing so amounted to £22 8s. 3d.

Meat and other Food Inspections.

SLAUGHTER-HOUSES.—Frequent inspections are made to the slaughter-houses, particularly at times of slaughtering, for the purpose of examining the meat and condition of the premises. There are seven slaughter-houses, five on the Bathside, one in Newhaven Lane and one in Lee Road, Dovercourt. Another on the Bathside has not been used for some years. The premises are kept in a cleanly condition and hot-limewashed at frequent intervals. 401 inspections were made during the year and on 68 occasions diseased meat was found.

No. of Carcases of Sheep inspected	..	304
" " " Beasts "	..	462
" " " Pigs "	..	317

List of Meat found to be unfit for human consumption of inspection of slaughter-houses :—

PIGS. Affected with tuberculosis :—

1 Carcase.

8 Heads.

Swine Fever :—

3 Carcases and offal.

Dropsical :—

1 Carcase and offal.

BEASTS. Affected with tuberculosis :—

2 Carcases and offal.

5 Quarters.

8 Livers.

13 Lungs.

Affected with Parasitic Disease :—

15 Livers.

8 Lungs.

2 Heads and Tongues.

In all the above cases the Meat was willingly surrendered. Butchers have been asked to notify the Inspector of any abnormal conditions noticed when dressing carcases, and although this is satisfactory, there are occasions when the disease has escaped the notice of the butcher. Frequent inspection is, therefore, most desirable, particularly having regard to the fact that a large number of animals are killed each year for the Admiralty for the supply of fresh meat to the Fleet stationed at Harwich, and for consumption at the Royal Naval Barracks, Shotley, Suffolk.

Food Surrendered other than that Inspected at Slaughter-Houses.

FROZEN MEAT.

BEEF.

Decomposed and unsound	40lbs.
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SHEEP.

1 Carcase Lamb decomposed	28lbs.
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Mutton decomposed	50lbs.
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PORK.

4 Carcases decomposed	500lbs.
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FISH	156lbs.
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BAKEHOUSES.—There are 10. Two are underground. All are kept in a fairly cleanly condition.

SALE OF FOODS AND DRUGS ACT.—This is administered by the Essex County Council.

Prevalence of and Control over Infectious Diseases.

The following table shows the cases of infectious diseases notified during the year 1920, and also those removed to the Borough Infectious Diseases Hospital at Dovercourt.

The case of Small-pox was nursed on Hospital Ship :

			Notified.	Removed to Borough Hospital.
Diphtheria	..	..	14	14
Enteric ..	..	..	1	1
Scarlet Fever	..	..	27	27
Small-pox	..	..	1	1
Chicken Pox	..	..	38	—
Erysipelas	..	..	7	—
Ophthalmia Neonatorum	..	..	3	—
Malaria ..	..	..	3	—
Influenza	..	..	1	—
			—	—
			95	43
			—	—

The following is a report on the circumstances attending a case of Small-pox, notified 4.15 p.m., Friday, -December 24th, 1920.

“PATIENT. F. G. G., aged 25 years, a ship’s cook, residing at Dovercourt. The patient arrived at Southampton on the ‘——— Castle,’ from Africa, on December 8th, on which boat he was employed as a ship’s cook. On the voyage the boat called at Madeira, but G. did not go ashore. He proceeded direct to Dovercourt and arrived there on December 8th, at 11 p.m.’ He said he had no idea whether there was any sickness on board or not. G. was not poorly until the night of December 16th, and became ill on the 17th. The Doctor was called on the same day, and a rash appeared on the 20th. Small-pox was suspected, and on the 24th Dr. Corfield, of Colchester, was called in and he confirmed the diagnosis.

“The Ministry of Health were notified by wire at once, also the Medical Officer of Health for Southampton. All steps were at once taken to provision and equip the Hospital Ship, and this was completed at 10 p.m. The patient was removed to the ship at 9.30 a.m. on the 25th, and Mrs. G., his wife, accompanied him, and some of his bedding was taken with him from the house. The other bedding in the room was destroyed by burning. All the rooms in the house were disinfected by spraying with formalin, and burning formalin lamps, also sulphur dioxide, on the 25th, 26th, 27th, 28th and 29th. A cat in the house was ordered to be destroyed. All textiles were removed from G.’s rooms to the Disinfecting Station and disinfected in a machine kindly lent by the Tendring Rural District Council.

“Letters notifying the case were sent to the following on December 25th :—

Medical Officer of Health, Essex County Council.
 Samford Rural District Council.
 Ipswich Borough.
 Felixstowe Borough.
 Tendring Rural District Council.

“The Senior Naval Officer and the Officer Commanding the Harwich Defences were notified, also the local Medical Practitioners.

“The Ambulance was sprayed with formalin on the 26th, and painted inside with white lead and oil.

“Two other people resided in the house and they were put in quarantine.

“Careful enquiries were made with a view to getting into touch with all people who had visited G.’s house at Dovercourt since his

arrival from Southampton, and it was found that there were thirteen people who resided in the Borough. These people were vaccinated and visited daily. It was also discovered that there was another man from the same ship as G. in the Borough, and he was also vaccinated and carefully watched. Three people residing outside the Borough also visited the house; and the Medical Officer of Health for Tendring was notified of this. Twelve other people, viz.:—officials and their wives were vaccinated.

“It is realized that there is some difficulty in dealing with a case of Small-pox, and owing to the infectious nature of the disease, prompt drastic and effective action had to be taken to prevent a spread of the disease, and although these measures cannot be taken without incurring a serious expense, the actions taken were justified as no further case occurred.

“This case cost the Borough £204.

“I should like to add that the extra amount of work involved, which fell very largely on the Borough Surveyor and his staff, was most admirably carried out under rather trying circumstances. My thanks are specially due to Mr. French, the Borough Surveyor, and Inspector of Nuisances, without whose help—always most willingly given—I should have found it difficult to carry on.”

Maternity and Child Welfare.

The Supervising Authority, under the Midwives Act, 1902 and 1918, is the Essex County Council.

CHILD WELFARE.—The compulsory notification of Births was adopted by the Borough in September, 1915, but until a Health Visitor was appointed no further action was taken. All Births in the Borough are now notified to the Medical Officer of Health, and the procedure now adopted is that selection is made from the Births notified of all cases which are considered suitable for the Nurse to visit. No children are visited until the Doctor or Midwife in attendance has ceased to visit, unless specially requested to do so by the parents or the Doctor or Midwife in attendance. The Health Visitor only attends to give advice, and does not do active nursing or give treatment. She advises the parents with regard to the care and health of their babies, and also, when she thinks necessary, advises the opinion of a Doctor being sought. The average number of visits she pays to an infant the first year is eight. Some infants will require a larger number of visits and some less, or none. These visits are continued up to school age, when the child comes under the School Inspector (Medical) and School

Nurse ; the idea being that all children should be under health supervision from birth, until they leave school and take their places in the world. •

Maternity and Child Welfare Centre.

A Maternity and Child Welfare Centre was opened during the year, and has already proved a great success. At present the temporary quarters of the School Clinic are being used for the holding of the Centre. These are inadequate for the purpose and the rooms are frequently overcrowded. It is very necessary, too, that more accommodation for the storing of perambulators be found.

At present the Welfare Centre is open on one afternoon in the week. It is controlled and run by the Superintendent, Miss Cockin. Miss Cockin has been, from the beginning, most enthusiastic. The success of the Centre has been almost entirely due to her hard work, tact, and efficiency. She has had several voluntary helpers, who have given their assistance most willingly. Of these, Miss Evans and Miss Durrant have given most valuable help. The work of the Centre is at present mainly confined to supervising the up-bringing of the newly-born infant. Each baby brought to the Centre is weighed and a record of its weight and general condition kept. The mother is given directions as to the proper way to deal with her child, and when necessary, she is advised to consult her own Doctor. A Doctor is in attendance at the Centre one afternoon in every fortnight. His advice is strictly confined to within physiological limits. When the Doctor is not visiting, the Superintendent gives a short lecture to the mothers on some question dealing with the proper care of their children.

On each afternoon the Centre is open, tea is provided at the cost of one penny per head—this sum having been found sufficient to cover expenses. The Centre has taken over the control of the sale of all Dried Milks and Malt Extract. A baby must be on the Centre Roll and must be examined at least once a month to be eligible for Milk at a cheaper rate. The Centre was opened on October 21st, and from October 21st to December 31st 106 babies were weighed and examined.

It is hoped that the work of the Centre will be extended in the near future and that an additional afternoon each week will be given to the Expectant Mother. In the near future a series of lectures and demonstrations in elementary cooking and dress-making will be given when the opportunity arises.

Health Visitor's Report.

First year, 1st visits..	359	First year visits	..	2,773
Stillborn	4	Second „ „	..	1,222
Died before visiting	9	Pre-Natal ..	..	170
Refused	11	Babies weighed	..	214
Breast fed..	..	..	..	108
Breast and other food	..	..	..	124
Glaxo .. ..	..	..	..	7
Cow and Gate	..	..	..	3
Cows' Milk..	..	..	..	10
Nestle's .. ..	..	..	..	1

Sanitary Administration.

STAFF.—The Staff of the Public Health Department consists of the Medical Officer of Health (part time), the Inspector of Nuisances (who is also Borough Surveyor), the Assistant Surveyor and the Assistant Inspector of Nuisances, while two Clerks are also employed in the Surveyor's Office. A whole time Health Visitor is also employed. The Borough Surveyor is a qualified Inspector of Nuisances and Certificated Inspector of Meats and Foods. The Assistant Inspector of Nuisances holds a Certificate of the Royal Sanitary Institute as an Inspector of Nuisances.

Hospital Accommodation.

There is a small Infectious Diseases Hospital at Dovercourt consisting of

(1) Administration Block			
(2) 4 Brick Built Wards	..	..	16 Beds.
(3) 1 Wood and Iron Temporary Ward	..	..	6 Beds.
(4) Timber Pavilion bought from W.D.	..	..	20 Beds.
Total	..	..	42 Beds.

The Medical Officer of Health is the Medical Superintendent, and the Staff consists of a Matron and 3 Nurses, whilst additional

nurses are obtained from the Ipswich Nurses' Home as required.. The following table shows the number of cases treated at the Hospital during the past 5 years :—

	1916	1917	1918	1919	1920
Diphtheria	21	32	69	23	14
Scarlet Fever	36	46	3	7	27
Enteric	3	2	1	2	1
Cerebro Spinal Fever.. ..	13	25	1	0	0
Chicken Pox.. ..	0	0	1	0	0
Measles	0	0	0	0	0
Influenza Pneumonia.. ..	0	0	0	1	0
Totals	73	105	75	33	42

CHEMICAL AND BACTERIOLOGICAL WORKS.—Arrangements have been made for the examination of swabs and of material for detection of tubercle bacilli to be carried out by the County Council, and Medical Practitioners can send all specimens direct.

Housing.

GENERAL.—The Town Council have in hand the erection of 46 houses—14 at Upper Dovercourt on what is known as the Cemetery Site, and 32 on the Parkeston Road Site. The 14 on the Cemetery Site are to be of the non-parlour type and are let at 10s. per week, tenants paying all rates. Four of these were completed during November, 1920.

The 32 on the Parkeston Road Site are of the parlour type and are to be let at 11s. 6d. per week, tenants paying all rates. None of these were finished during the year, but a number are well in hand.

Although there is still a great need for decent houses for the working classes and to enable some of the unfit houses to be closed, I think the number of 190 estimated by me in 1919 (to "meet the unsatisfied demand for houses" (taking account of growth of population, overcrowding, etc.), will have to be reviewed, and this should be done as soon as the census figures are available.

OVERCROWDING.—There is still much overcrowding, but very little can be done until more houses are available.

FITNESS OF HOUSES.—The general standard of housing in the old part of Harwich is very poor, while in Dovercourt it is on the whole good.

The general character of defects found to exist are :—

- (1) Want of free air space.
- (2) Dampness of walls.
- (3) Defective plastering of walls.
- (4) Defective yard paving.
- (5) General internal dilapidations due to neglect and decay.

On the inspection of houses, careful notes are taken of any structural and sanitary defects, and full particulars are entered in the Housing Register, and informal notices to remedy insanitary conditions have been served. With the exception of this measure no action was deemed advisable.

Until such time as additional housing accommodation is available, I think it would be unwise to call upon owners to carry out extensive repairs. I much prefer to wait until the Local Authority have completed a number of new houses now being erected so that the shortage is not so acute ; we can then close and demolish the worst, and afterwards deal with those which can be made habitable.

STAFF ENGAGED ON HOUSING WORK.—The designated officer under the Housing Regulations is the Borough Surveyor and Inspector of Nuisances. The Assistant Inspector of Nuisances acts directly under his supervision and spends a great deal of his whole time on the inspection of dwelling houses.

Housing Conditions.

STATISTICS.

YEAR ENDED 31ST DECEMBER, 1920.

I. GENERAL.

(1)	Estimated population	13,000
(2)	General death rate	11.6
(3)	Death rate from Tuberculosis ..	.59
(4)	Infantile mortality	81.0
(5)	Number of dwelling houses of all classes	2,189
(6)	Number of working class dwelling houses	1,000
(7)	Number of new working class houses erected.. ..	6

II. UNFIT DWELLING HOUSES.

I. INSPECTION.

(1)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	350
(2)	Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations 1910	173
(3)	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
(4)	Number of dwelling houses (exclusive of of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ..	40

II. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

	Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers. ..	35
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III. ACTION UNDER STATUTORY POWERS.

A. Proceedings under Section 28 of the Housing, Town Planning, etc., Act, 1919.

(1)	Number of dwelling houses in respect of which notices were served requiring repairs	Nil
(2)	Number of dwelling houses which were rendered fit—(a) by owners (b) by Local Authority in default of owners .. .	Nil
(3)	Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of of intention to close	Nil

B. Proceedings under Public Health Acts.

(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	25
(2)	Number of dwelling houses in which defects were remedied (a) by owners (b) by Local Authority in default of owners	20 0

C. Proceedings under Sections 17 and 18 of the Housing, Town Planning, etc., Act., 1909.

(1) Number of representations made with a view to the making of Closing Orders ..	Nil
(2) Number of dwelling houses in respect of which Closing Orders were made ..	Nil
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	Nil
(4) Number of dwelling houses in respect of which Demolition Orders were made ..	Nil
(5) Number of dwelling houses demolished in pursuance of Demolition Orders ..	1

III. UNHEALTHY AREAS.

Areas represented to the Local Authority with a view to Improvement Schemes under (a) Part I, or (b) Part II., of the Act of 1890 :—

(1) Name of area	
(2) Acreage	
(3) Number of working class houses in area ..	} Nil
(4) Number of working class persons to be displaced	
(5) Number of houses not complying with the Building Bye-laws erected with consent of Local Authority under Section 25 of the Housing, Town Planning, &c., Act, 1919	Nil

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE, HARWICH.

GENTLEMEN,

I have the honour to submit my first Annual Report of the School Medical Service. The work in connection with this service during the year 1920 has been carried out mainly on the lines of recent years. During the year we have commenced a special class for children who stammer and apart from or one two failures, successful results have been obtained.

I have been favourably impressed, when carrying out my routine medical inspections, by the good average physique of the children of Dovercourt and Harwich. There are comparatively few children ill-nourished, underfed or badly clothed. The majority of them are sturdy, well-developed children.

Minor ailments and defects are, perhaps, as common here as elsewhere, but these defects are promptly treated and do not, on the whole, lower the general standard of health. The keen bracing air of the neighbourhood is largely responsible for this satisfactory state of affairs.

Nurse Murphy, who carried out the work of School Nurse in a most efficient manner for many years, resigned at the end of the year and her place has been taken by Nurse Bevis.

A detailed account of the work done is given under the following headings and in the appended tables.

I am, Gentlemen,

Your obedient servant,

G. FORD PORTER.

STAFF.

The Staff of the School Medical Service consists of two Medical Officers (both part time), one Dentist (part time), one School Nurse, who devotes all her time to school work and one Attendance Officer.

CO-ORDINATION.

Arrangements have been made to co-ordinate the School Medical Service with that of Infant and Child Welfare. The School Nurse and the Child Welfare Nurse work in close co-operation and in case of need, one carries on the work of the other. The record cards which the Child Welfare Nurse keeps are of uniform size with those used for the School inspections. So that ultimately

there will be uniform records dealing with the child from the date of its birth to the time it leaves school. Debilitated children under school age come under the special care of the Child Welfare Nurse.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

The hygienic conditions of the schools in the Harwich and Dovercourt area are, on the whole, quite satisfactory. Sanitary conveniences and lavatory accommodation have been brought up to date and made adequate to requirements. Water, from the main, is laid on in all the schools and arrangements made both for washing and drinking purposes. One school, on the Bathside, Harwich, owing to the small size of the fire grates, is insufficiently heated.

MEDICAL INSPECTION.

Medical Inspections are carried out at each school twice yearly, at stated intervals. A class room is temporarily set apart for this purpose and, on the average, about 30 children are examined at each inspection. The parents of the children are given ample notice and are encouraged to attend, and on the whole, especially in the Infant Schools, they respond readily.

A preliminary examination is carried out by the School Nurse, when the children are weighed, their height taken, their eyes tested with Snellin's Test Type and their hearing tested.

At the medical inspection the children are stripped to the waist and a thorough examination made, special importance being given to the condition of the tonsils and adenoids, early chest conditions and any preventive deformity.

The age groups of the children inspected are those laid down in the Board's schedule of Medical Inspection, viz.: Children on admission aged from 4 years to 5 years. Intermediates aged 8 years and leavers aged from 12 to 14 years.

FINDINGS OF MEDICAL INSPECTIONS.

The result of the various medical inspections is summarized in Table II. at the end of this report. The general standard of health amongst the children is good and few serious defects are found. Compared with other places the children are, on the whole, cleaner and better clothed. There is a gratifying absence of deform-

ities resulting from rickets. Tuberculosis in any form is not common. Tonsils and adenoids still form a large percentage of the defects found. In order to reduce this percentage, it would be a good thing if systematic breathing exercises were carried out each morning at every school and especially all Infant Schools. This is being done in most of the schools in the area.

Dental defects and cases of defective vision are dealt with in the school dentist's report and in Dr. Alex Porter's Eye Clinic report.

INFECTIOUS DISEASE.

During the year there has been one large epidemic of measles. This commenced in Dovercourt and gradually spread to Harwich. It was necessary to close down two infant schools, owing to the number of cases, for some weeks.

FOLLOWING UP.

All cases found at the medical inspections to be suffering from physical defects which require attention, are entered in a special register. These cases are visited by the School Nurse, when advice to the parents as to the necessity of obtaining proper treatment either by their own doctor or at the School Clinic is given. The School Nurse keeps a record of her visits, with the results obtained, the date of call and the parents' response on a special "following up card." The number of visits paid by the Nurse during the year for this purpose was 1979.

MEDICAL TREATMENT.

Medical treatment, in those cases requiring it, is carried out at the School Clinic, under the supervision of the Medical Officer. The School Clinic is at present held in temporary quarters, and consists of three rooms—a waiting room, a small operating theatre, and a recovery room. In addition there is a separate dental room and an office for the School Nurse and the keeping of records.

Minor ailments, skin diseases, chronic otorrhœas, etc., are treated daily and are specially inspected once a week.

Refractions are carried out at stated intervals, and when found necessary, spectacles are provided.

During the summer, one day a week is set apart for doing Tonsil and Adenoid operations.

Five cases are taken each day, and Ethyl Chloride is used as an anæsthetic. After a suitable interval the children are sent home on the same day and visited subsequently by the Nurse. The cases are again inspected at the end of a week, when full instructions as to the importance of carrying out daily breathing exercises for a prolonged period are given to the parents. Two half-days a week are set apart for the treatment of dental cases.

Any cases of tuberculosis discovered are promptly put under the care of the tuberculosis Medical Officer at the Tubercular Dispensary.

Any orthopædic cases or severe crippling defects found are referred to Ipswich Hospital for treatment.

Arrangements have been made with Ipswich Hospital, too, for the X-ray treatment of ring worm, when the necessity arises.

OPEN-AIR EDUCATION.

There are no special arrangements made for the holding of open-air classes. In many of the schools, however, classes are held daily in the playgrounds during the summer.

A park, with large trees, providing ample shade, lies in close proximity to two of our largest schools. This would make a very suitable place for holding open-air classes, were such found to be desirable or necessary.

Country rambles are organized by some schools.

PHYSICAL TRAINING.

There is no Area Organizer of Physical Training in the district. In all schools, however, systematic physical exercises are carried out on, at least, three mornings during the week.

PROVISION OF MEALS AND SCHOOL BATHS.

It has not been found necessary to provide meals under the Provision of Meals Acts, 1906-1914, in any of the schools. The proximity of the sea, together with admirable facilities for sea-bathing, make the provision of School baths unnecessary.

CO-OPERATION OF PARENTS.

The Head Teachers of the various schools send out printed notices to all the parents whose children are to be examined two

or three days before each medical inspection. A good many mothers avail themselves of the opportunity of being present during the inspections. The School Nurse, apart from a few exceptions, has no difficulty in obtaining the ready co-operation of parents when subsequent treatment of their children has been found necessary.

CO-OPERATION OF TEACHERS.

The teachers of all the schools have been most helpful both during Medical Inspections and in assisting the School Nurse in the following up, and medical treatment of the children. They have been specially useful in selecting dull and backward children or those who are mentally deficient.

CO-OPERATION OF THE SCHOOL ATTENDANCE OFFICER.

The School Attendance Officer, Miss Kerry, works in close co-operation with the School Nurse. When, during her visits, she discovers a possible case of infectious disease, or any requiring medical treatment, she reports such to the School Nurse. But it is no part of her duties to help either in the work of medical inspection, the following up of cases, or the medical treatment of the children.

Miss Kerry has always been most courteous and obliging in every way and is always ready to help when it is in her power to do so.

CO-OPERATION OF VOLUNTARY BODIES.

No definitely organized work has been carried out by any voluntary body in connection with the School Medical Service in the Borough.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

There are no special methods adopted for ascertaining and dealing with children who are defective within the meaning of the Elementary (Blind and Deaf Children) Act, 1893, and the Elementary Education (Defective and Epileptic Children) Act, 1899 and 1914. Any such children are given special attention during the routine Medical Inspections, and when found necessary, such children are sent to special schools outside the district. There are no special schools for the treatment of these defective children in the Borough.

STATISTICAL TABLES.

The six statistical tables given at the end of this report give a concise summary of the work carried on during the year.

EYE CLINIC.

Total number of cases treated:—

Boys	..	28
Girls	..	42

Total number for whom spectacles were provided, 42.

Analysis of cases treated:—

			Boys.	Girls.
Hypermetropia	..	..	12	15
Astigmatic Hypermetropia		..	1	6
Myopia	..	..	10	9
Astigmatic Myopia	..	..	2	2
Mixed Astigmatism	..	..	0	1
No error of Refraction	..	..	3	9

The accuracy of vision in each case is tested by Snellin's Test Type, and the error of refraction estimated by suitable lenses, the results being subsequently confirmed by retinoscopy. The necessary spectacles are then ordered and the children are again examined with the spectacles on to ensure a correct fit being obtained. The parents are instructed to insist on the children wearing the spectacles, and to report at once the fact of any breakage or discomfort caused by their use. Whenever possible, a re-examination is made a few months afterwards in each case, to make sure that the defective vision is perfectly corrected.

ALEXANDER PORTER, M.D.

THE CHAIRMAN AND MEMBERS OF THE HARWICH EDUCATION COMMITTEE.

GENTLEMEN,

I have the honour of submitting the report of the working of the Dental Clinic for the year 1920. Below is the official return made by me to the Education Authorities for the year, 1920.

TREATMENT OF DENTAL DEFECTS.

I. NUMBER OF CHILDREN DEALT WITH.

	Age Groups.		Specials.	Total.
	6—7	7—11		
(a) Inspected	341	856	30	1227
(b) Referred for treatment	535		30	565
(c) Actually treated in 1920	*401		30	431

*There were approximately 75 children not included in this figure who would come up for treatment in 1921.

II. PARTICULARS OF TIME GIVEN AND OF OPERATIONS UNDERTAKEN.

Total number of half-days devoted to Inspection	9
" " " " Treatment	60
" " " attendances made by the Children at the Clinic	698
" " " Permanent Teeth Extracted	23
" " " " Filled	309
" " " Temporary Teeth Extracted	514
" " " " Filled	23
" " " Fillings	332
" " " Administrations of General Anæsthetics	10
" " " other Operations Permanent Teeth	20
" " " Temporary Teeth	12
" " " regulation cases completed	2

The conditions of the children's teeth again show a gratifying improvement this year. As compared with former years the percentages of cases needing immediate treatment are as follows:—

1917 ..	66%
1918 ..	53.2%
1919 ..	47.5%
1920 ..	43.6%

There can be no doubt as to the benefit that is being derived from the measures that are being taken to cope with the tremendous amount of dental disease prevalent in these days.

The dental inspection showed that in the 1,227 children examined 33% had sound teeth, 43.6% required immediate treatment, and 23.4% had slight defects. This compares very favourably with other towns; for instance, Hull, in 1919 only 15% of the children examined had sound teeth as against 33% in Harwich. London, however, for the same year, shows 48.5% sound.

In my last report I had to point out that I was unable to carry out treatment for more than nine departments. This year, however, owing to the extra half-day a week, allowed by the Education Committee, it has been possible to complete the round of all the Schools in the year. It has also given me more time to concentrate on filling teeth, both temporary and permanent, which, when possible, is the best form of treatment. In 1920 no less than 332 fillings were done as against 194 in 1919.

The extra time allowed also made it possible for me to start the treatment for regulating cases of irregular teeth, which treatment I was asked to carry out. Seven cases were started in 1920. Each of these were fitted with regulation appliances both movable and immovable. Three of the children proved to be irresponsible and the necessary co-operation of the parents was not forthcoming and these cases had to be given up. The other four cases answered to treatment, two were completed in 1920, and two carried on into 1921.

The co-operation of the teachers and parents with the dental Clinic has been much better this year.

There are still some parents who refuse to let their children be treated and in many of these cases the mouths are in an appalling state.

The worst offenders in this way are some of the parents of the children of the Esplanade Infants School, Harwich, and St. Joseph's School.

I am, Gentlemen,

Your obedient servant,

R. J. PICKETT, L.D.S., R.C.S.Eng.,
School Dental Officer.

GENERAL WORK DONE AT SCHOOL CLINIC AND SCHOOLS DURING YEAR 1920.

	Number of Children.	Number of Attendances.
Minor Ailment Clinic	258	2483
Eye Clinic	100	160
Surgical Clinic	85	170
Pediculi Clinic	60	106
Dental Clinic	698	698
Totals	1201	3617

DISEASES TREATED.

	Numbers.
Scabies	25
Otorrhœa	19
Corneal Ulcer	5
Impetigo.. .. .	26
Conjunctivitis	15
Septic Sores	51
Ringworm (Head)	12
Ringworm (Body)	14
Defective Vision	80
Surgical (T. & A.)	85
Eczema	4
Pediculosis	60
Septic Wounds	60
Dental Defects	698
Visits to Schools with Doctor	26
Visits to Schools with Dentist	9
Number of Children medically examined	876
Number of Children weighed and measured	876
Eyes Tested	876
Ears Tested	568
Number of Children inspected by Dentist.. .. .	1197

IN SCHOOLS.

Number of Children in Borough	2000
Number of visits for Pediculi inspection	225
Number of Examinations for all	100
Number of visits to Children kept under subsequent observation	125
Attendance at Police Court	5
Numbers fined :—Three fined 5s., ten fined 2s. 6d.	
Number of attendances	5
Cases adjourned and Dismissed	2
Number of visits to homes	1979

N. T. MURPHY,
School Nurse.

TABLE 1.—NUMBER OF CHILDREN INSPECTED
1st JANUARY, 1920, TO 31st DECEMBER, 1920.

A. ROUTINE MEDICAL INSPECTIONS.

Age.	Entrants.					Total.
	3	4	5	6	Other Ages.	
Boys ..		65	58	13	24	160
Girls ..		74	57	11	58	200
Totals ..		139	115	24	82	360

Age.	Inter- mediate Group. 8	Leavers.			Other Ages.	Total	Grand Total.
		12	13	14			
Boys ..	97	79			2	178	338
Girls ..	89	90			3	182	382
Totals	186	169			5	360	720

B. SPECIAL INSPECTIONS.

			Special Cases.	Re-examinations.
Boys			10	75
Girls			7	45
Totals			17	120

C. TOTAL NUMBER of Individual Children inspected by the Medical Officer, whether as Routine or Special Cases.

Number of Individual Children Inspected.

TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1920.

Defect or Disease.		Routine Inspection.		Specials.	
		Number referred for treatment.	Number required to be kept under observation but not referred for treatment.	Number referred for treatment.	Number required to be kept under observation, but not referred for treatment.
1		2	3	4	5
	Malnutrition ..	5			
	Uncleanliness—Head ..	68			
	Body ..				
	Ringworm—Head ..	12			
	Body ..	2			
SKIN.	Scabies ..	25			
	Impetigo ..	26			
	Other Diseases (Non-Tubercular) ..	51			
	Blepharitis ..	10			
	Conjunctivitis ..	15			
	Keratitis ..	1			
	Corneal Ulcer ..	5			
EYE.	Corneal Opacities ..				
	Defective Vision ..	39			
	Squint ..	6			
	Other conditions ..				
EAR.	Defective Hearing ..	6			
	Otitis Media ..	6			
	Other Ear Diseases ..				
NOSE	Enlarged Tonsils ..				
AND	Adenoids ..	8			
THROAT.	Enlarged Adenoids & Tonsils ..	80			
	Other conditions ..				
	Enlarged Cervical Glands (Non-Tubercular) ..	29			
	Defective Speech ..	10			
TEETH.	Dental Diseases (see above) ..	57			
HEART	Heart Disease ..		6		
AND	Organic ..		3		
CIRCULA-	Functional ..	1			
TION.	Anæmia. ..				
LUNGS.	Bronchitis ..	5			
	Other non-Tubercular Diseases ..				
TUBER-	Pulmonary—Definite ..		1		
CULOSIS.	Suspected ..				
	Non-Pulmonary—Glands ..				
	Spine ..		1		
	Hip ..				
	Other Bones & Joints ..	3			
	Skin ..				
	Other forms ..				
NERVOUS	Epilepsy ..		1		
SYSTEM	Chorea ..				
	Other Conditions ..				
DEFOR-	Rickets ..	3			
MITIES.	Spinal Curvature ..				
	Other Forms ..				
	Other defects and Diseases ..	30			

Number of Individual Children having defects which required treatment or to be kept under observation

TABLE III. NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1920.

			Boys.	Girls.	Total.
BLIND.			Attending Public Elementary Schools		
			Attending Certified Schools for Blind		
			Not at School	1	
DEAF AND DUMB.			Attending Public Elementary Schools	2	2
			Attending Certified Schools for Deaf		
			Not at School		
MENTALLY DEFICIENT.	Feeble-minded.	Attending Public Elementary Schools	7	1	
		Attending Certified Schools for Mentally Defective Children			
		Notified to the Local Control Authority by Local Education Authority during year			
		Not at School	2	3	
		Imbeciles.	At School		1
		Not at School			
	Idiots.				
EPILEPTICS.			Attending Public Elementary Schools		
			Attending Certified Schools for Epileptics		
			In Institutions other than Certified Schools.. ..		1
			Not at School		
PHYSICALLY DEFECTIVE.	Pulmonary Tuberculosis.	Attending Public Elementary Schools			
		Attending Certified Schools for Physically Defective Children			
		In Institutions other than Certified Schools.. ..		1	
		Not at School			
	Crippling due to Tuberculosis.	Attending Public Elementary Schools			
		Attending Certified Schools for Physically Defective Children			
		In Institutions other than Certified Schools.. ..	2	1	
		Not at School			
	Crippling due to causes other than Tuberculosis.	Attending Public Elementary Schools	5	1	
		Attending Certified Schools for Physically Defective Children			
		In Institutions other than Certified Schools.. ..			
		Not at School			
Other Physical Defectives.	Attending Public Elementary Schools				
	Attending Open-air Schools				
	Attending Certified Schools for Physically Defective Children				
	Not at School				
DULL OR BACKWARD			Retarded 2 years	3	2
			Retarded 3 years	1	1

TABLE IV. TREATMENT OF DEFECTS OF CHILDREN DURING 1920.

A. MINOR AILMENTS.

NUMBER OF CHILDREN.

Disease or Defect.	Referred. for Treatment.	Treated.		
		Under L.E.A. Scheme.	Otherwise.	Total.
SKIN. Ringworm—Head ..	12	12		12
Ringworm—Body ..	14	14		14
Scabies	25	25		25
Impetigo	26	26		26
Minor Injuries ..	60	60		60
Other Skin Diseases..	51	51		51
EAR DISEASE.	19	19		19
EYE DISEASE.	100	100		100
MISCELLANEOUS. ..	64	64		64

B. TREATMENT OF VISUAL DEFECT.

NUMBER OF CHILDREN.

Referred for Refraction.	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for treat- ment other than by Glasses.	Received other forms of treatment.	For whom no treatment considered necessary.
	Under L.E.A. Scheme.	By Physical Practi- tioner or Hospital.	Otherwise.	Total.					
70	70	—	—	70	42	42	—	—	—

C. TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF CHILDREN.

Referred for Treatment.	Received operative treatment.			Received other forms of Treatment.
	Under L.E.A. Scheme, Clinic or Hospital	By Private Practitioner or Hospital.	Total.	
85	85	—	85	—

D. TREATMENT OF DENTAL DEFECTS.

1. NUMBER OF CHILDREN DEALT WITH.

	Age Groups.											Special	Total.
	5	6	7	8	9	10	11	12	13	14			
(a) Inspected by Dentist.. ..												30	1217
(b) Referred for treatment ..												30	565
(c) Actually treated.												30	431
(d) Re-treated												30	431

2. PARTICULARS OF TIME GIVEN AND OF OPERATIONS UNDERTAKEN.

1	2	3	4	5	6	7	8	9	10	11
9	60	698	24	309	514	23	332	10	20	

TABLE V. SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE IV. (A, B, C, D, and F, but excluding E).

DISEASE OR DEFECT.	Number of Children.			
	Referred for treatment.	Treated.		
		Under L.E.A. Scheme.	Otherwise.	Total.
Minor Ailments	371	371		371
Visual Defects	70	70		70
Defects of Nose and Throat	85	85		85
Dental Defects	565	565		565
Other Defects	—	—		—
Total.. ..				1091

TABLE VI. SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTION DURING THE YEAR 1920.

(1)	The total number of Children medically inspected at the Routine inspections	840
(2)	The number of Children in (1) suffering from:—	
	Malnutrition	5
	Skin Disease	16
	Defective Vision (including squint)	45
	Eye Disease	31
	Defective Hearing	6
	Ear Disease	6
	Nose and Throat Disease	88
	Enlarged Cervical Glands (non-tubercular)	29
	Defective Speech.. ..	10
	Dental Disease	—
	Heart Disease :	
	Organic	6
	Functional	3
	Anæmia	1
	Lung Disease (non-tubercular)	5
	Tuberculosis :	
	Pulmonary—Definite	1
	Suspected	0
	Non-pulmonary	4
	Disease of the Nervous System	1
	Deformities	3
	Other Defects and Diseases	30
(3)	The number of Children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	125
(4)	The number of Children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.	515
(5)	The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.)	515

